

Journal
of the
Child Welfare League
of America
Inc.

child welfare

January 1955

Professional Foster Homes

Caseload Weightings

Homemaker Service

Forum: Day Care

CHILD WELFARE JOURNAL OF THE CHILD WELFARE LEAGUE OF AMERICA, Inc.

HENRIETTA L. GORDON, Editor

CHILD WELFARE is a forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

CONTENTS

	Page
The Professional Foster Home	1
By Lois Wildy	
An Agency Experiments With Caseload Weightings	6
By Ruth Weisenbarger	
Integrating Homemaker Service Into Agency Program	10
By Eleanor Taylor	
Homemaker Service As a Children's Casework Service	13
By Henrietta L. Gordon	
Emma Octavia Lundberg	19
Readers' Forum	20
Book Notes	21
Classified Ad Service	23

Editorial and general office: 345 East 46th Street, N. Y. 17, N. Y. Published monthly except August and September by the Child Welfare League of America, Inc. Annual Subscription, \$3.00; Single Copies, 35 cents.

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THE PROFESSIONAL FOSTER HOME*

Lois Wildy

Executive Director
Illinois Children's Home and
Aid Society
Chicago, Illinois

The project described in this article is one agency's attempt to develop adequate facilities for children needing specialized foster care.

FOR MANY YEARS child welfare workers have been faced with the critical problem of securing adequate facilities for certain children who require care apart from their own families. These are children for whom the usual foster home or institution is known at the outset to be inadequate, but having no alternative, such placements are often attempted. The result is that the placement breaks down under the impact of the child's behavior disturbance, the child suffers a series of failures, rejections or replacements and he becomes increasingly damaged emotionally from each such experience.

Children Program Can Help

Our experience revealed three groups of children who needed more than the usual available facilities.

One group can be described as young children, usually of preschool age, who had suffered severe maternal deprivation and often physical neglect during the early developmental stages. These experiences seriously interrupted their normal personality development. As a consequence we observed an autistic kind of child who could not form attachments but depended upon himself for all gratifications of his needs. This crucial failure in ego development is frequently overlaid by fears and conflicts arising from a variety of traumatic occurrences, such as cruel treatment, sexual seduction, or a series

of separations as he is left with one neighbor or relative after another.

It is our impression that these children are better treated in a family home than in a group or institution if the proper family is available. From the foster parents who understand the child and who can bear the severity of the child's disturbances, he receives continuously and consistently intensive mothering at an early infantile level, within the stability and closeness of a family unit. Within this framework, the child is protected against the confusion resulting from being exposed to the various adults who care for children in a group and from the competition and rivalry provided by other children in an institutional setting. Living with a constant set of parents, the child can begin and learn to identify himself with them.

The second group of children is characterized not by the basic maternal deprivations and gross failures in development observed in the first group, but by disturbances in behavior stemming from varying degrees of rejection and by severe neurotic conflicts due to the disturbed behavior of the parents or parent substitutes. In some instances these problems are complicated by a physical handicap or by a traumatic illness, such as poliomyelitis, resulting in a physical handicap.

These children differ from those who can benefit from regular foster family care in that their disturbances are more complex in origin; their behavior affords less gratification in the foster parent-child relationship; and if they are to make any real progress toward rehabilitation and normal functioning, every aspect of their daily living, such as school placement, tutoring, activities and chores, requires careful planning and management so that all are integral parts of corrective and

* Delivered at National Conference of Social Work, Child Welfare League Section, Atlantic City, N. J., May, 1954 in session on "New Developments in Specialized Foster Home Facilities." Another paper from this session, *The Agency-Owned Foster Home*, by Clara Miller, was published in the November issue of *CHILD WELFARE*.

The project was conceived and is being executed by Dr. Draz Kline, Director, Foster Care Division, Illinois Children's Home and Aid Society.

re-educational experience. Obviously, this calls for thorough and specific understanding of the child and his needs and a continuous re-evaluation of his progress with appropriate modification of his program.

How these children differ from those who can benefit most from residence in a treatment institution for disturbed children is one of the subjects under study. Although there will always be variables and choices, they will be made on the basis of what is available. The determinants in the choice as between family home and institution appear to be related to the degree or nature of emotional disturbance which the child has suffered as revealed in diagnostic study as well as a careful assessment of the child's current level of ego functioning.

From our brief experience in using foster homes and a treatment institution for disturbed children some of the determinants begin to emerge. The child's wish to live with and have a foster family is one determining factor in such a choice. Even though his behavior would be intolerable and impossible to absorb within the foster family ordinarily used by the agency, if the child's chief problem does not stem from so severely pathological an oedipal conflict that a normal family setting would so aggravate this basic conflict that the child becomes inaccessible to help, a family home could be considered. The child's ability to maintain at least a minimum performance in public school as well as his ability to maintain behavior acceptable in the community also suggest the use of a special foster home.

The third group of children includes some of the children ready for discharge from a treatment institution. After a year or two of residence under intensive environmental care and psychotherapy some children no longer need or can benefit from a longer stay in the institution, yet they are not yet ready to maintain themselves in the usual foster home or institution. They need a period of convalescence within a healthy, normal family where their tenuous hold on the progress they have made can be strengthened and consolidated, and the exposure to the normal

demands of living dosed to their readiness to master these demands.

Recruiting "Special" Families

It was the critical dilemma of obtaining adequate foster family care for this specific group of children that gave impetus to the project of finding and developing such homes. For some years child psychiatrists, psychologists, and social workers had proposed that child-placing agencies find foster families who could provide the essential kind of care these children needed, but as far as was known, little had been achieved that could serve as a basis for a wider application of the proposal. Our experience led us to believe that there were families who qualified and who could be enlisted in such a task. It was recognized however that recruitment methods used in obtaining usual foster homes might be inadequate and that monetary compensation over and beyond the cost of the care of the child would be required.

The first step was to formulate the qualifications for the kind of foster families we were seeking and to distinguish these from the criteria applied in selecting the usual foster family. The criteria differed only in degree, but this essential difference sets apart the home which can care for the disturbed child. The qualifications used for publicity purposes included:

- (1) Stability of character of the parents and stability in family unity.
- (2) A genuine liking and sympathy for children.
- (3) Capacity to develop skill in handling special behavior problems.
- (4) Previous professional training and practice in child care which would provide a desirable base of knowledge and self-discipline.
- (5) Ability to work cooperatively with the agency staff in order to learn to carry out effectively the treatment recommendations.
- (6) Willingness to undertake the task on a sustained and continuing basis, subjugating the personal plans of the family to the welfare of the child, so that the child's treatment would not be jeopardized by unwarranted change.

The amount of compensation was set from \$100 to \$150 a month in addition to the agency's board rate, medical and dental costs, the cash clothing allowance, the child's allowance, and other incidental expenses.

This estimate was reached after interviewing a number of applicants in the initial stage of the project. From these interviews we learned that this was the amount of compensation which would interest applicants who otherwise would be employed outside their homes but who because of interests and talents greatly preferred undertaking a job of child care in their homes.

To date the methods of recruitment have included a planned series of classified advertisements in metropolitan and suburban newspapers and other publications. Guided by returns, the wording of the advertisement is altered in an effort to reach a wider group of readers. For instance, one of the advertisements read:

"Wanted—married couple for expert care of teen-age boy in your own home. Training or professional experience in child care required. Will pay child's maintenance and compensation."

Later, the requirement for professional training was omitted.

Letters describing the plan and the requirements for foster homes were sent to a selected list of colleges and universities throughout the country to enlist their cooperation in locating alumni residing in Chicago who were qualified themselves or who could assist us in recruiting couples. The staff member responsible for carrying out the project spoke at alumni meetings and to individuals suggested by the college.

Similar letters were sent to a selected list of religious and service organizations in the community and were followed up by personal interviews with key people in each group. The plan was described wherever the usual foster homes were being recruited, such as in speeches before organizations, and in information to the agency's foster parents.

Financing and Goals

This endeavor to secure foster homes for special children is described as a project since it was set up as an experiment to determine whether a significant number of such homes could be found and maintained and with what results. Specifically, the questions for investigation are:

What progress did the children make in these homes?

What were the specific factors that influenced the progress or lack of progress?

What are the differentials that determine the type of child who needs and profits by this type of care?

What are the specific qualifications of foster parents who can undertake this task effectively?

What is the cost of this type of care?

What are the most effective methods of recruiting such foster homes?

Could any of these methods be utilized in enriching the general recruitment of foster homes of a child placement agency?

The project was regarded as a supplementary service of the agency over and beyond its usual program. A grant of \$33,000 for a three-year period was generously provided by a philanthropic foundation. It was estimated that the grant would cover part of the salary of the supervisor directing the project, the cost of advertising, psychiatric consultation, and, the largest item of expenditure, compensation to the foster parents.

Eight Children Placed

The project was begun in March, 1952. During the first two-year period eight children have been placed in seven different foster homes. This group includes four boys and four girls, six white and two Negro children.

One five-year old Negro child falls in the first group of children for whom special foster homes were needed. She might be called typical of the young children who have suffered extreme maternal deprivation with resultant ego disturbance. Her symptoms included lack of self-identification, hyperactivity, and inability to concentrate, destructive and impulsive acting out, scratching of herself to the extent of bleeding, terror of personal relationships, anxiety about food, bed-wetting, persistent thumb-sucking, and on one occasion setting fire in a wastepaper basket. The treatment prescription called for twenty-four hour supervision within a family group where mothering could be administered in heavy, consistent doses, protection from disturbing external stimuli, and psychotherapy by a caseworker under the direction of the staff psychiatrist. This child has been

in her foster home six months and has made dramatic progress.

Three girls between the ages of five and ten fall within the second group of children. In each instance the children had suffered maternal rejection, neglect and separation trauma through a series of placements and replacements. They were severely neurotic children whose behavior could not be tolerated by the usual foster family. Two of the children have a physical handicap; one has a repaired cleft palate with difficulty in learning to speak, and the other a residual lameness from poliomyelitis.

The four boys, ages nine to fourteen, moved into their foster homes from institutions. Two of them also fall within the second group of children and two needed the convalescent period of care following residential treatment placement.

All of the children have shown steady, and in some instances, unusual progress since placement. In each instance, the caseworker is working closely with the foster parents with frequent if not weekly visits to the home. In some instances she is also working directly with the child at weekly or semi-weekly intervals.

Characteristics of Homes

As to the seven foster families in this project, there are no significant vital statistics. The foster parents are all over forty, but in one of the four homes currently under study, the couple are in their 30's. They all have children of their own although only one family has young children; all save one are home owners; four live in the city and three in the suburbs. Three of the homes were secured through the classified advertisement, one through an alumni group, one through personal contact with a member of the staff, and two through a feature story in a metropolitan newspaper telling of the need for foster homes. One foster parent is a widow with a teen-age son. This home is appropriate for an adolescent boy who cannot yet tolerate the closeness of parents' relationships to each other.

Our tentative impressions can be sum-

marized briefly. Adequate foster families for the children described can be obtained. To distinguish these homes from the usual foster home in publicity releases, the term "professional" was used. This was based on the assumption that the foster parents who might qualify for this task, particularly the mother, might have had some special training in child development or care such as social work, psychology, teaching, nursing, etc. "Professional foster homes" is not an appropriate term; perhaps foster homes which are providing special services to disturbed children would be a better description.

Four of the seven foster mothers did have some special training but the more significant fact is that all had a rich experience in caring for children. To these experiences, as well as to their own troubles in childhood or the troubles of other people, both the mothers and fathers reacted with sensitivity and sympathy. They made a search not only for an understanding of children's problems but for ways of avoiding or resolving such troubles. These capacities and interests appear to be characteristic of these parents.

Another significant characteristic is the stability of their marital relations and the gratifications they have had in their own lives and in rearing their own children. They have been consistent in wanting to understand and help the child and are not dependent upon the gratifications which the child brings to them. In each instance the foster mother has had experience in community activities such as serving as a Girl Scout leader, working in church organizations and other groups. In other words, these couples have found and maintained healthy interests and activities outside the home as well as a satisfying homelife for themselves and their children.

Within the process of the study, each family has regarded this as a job with specific responsibilities. They have chosen to undertake this task, not to fill some unmet need in their lives, but because it is appropriate to their talents and abilities. This is true of the fathers as well as the mothers. The fathers engaged themselves actively in the initial

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studies. To them this was a cooperative venture, and they participate actively in caring for the child, in providing companionship and in carrying out the agency's treatment recommendations.

The compensation has been of utmost importance to these families. It is our impression that none of them would have undertaken this job without such compensation. Although the incomes in the families range from \$3,000 to \$10,000, the financial responsibilities and standards of living vary widely. The compensation paid by the agency appears to be significant for several reasons. It may relieve financial strain or provide an extra amount for family luxuries or comforts. To each one it is compensation for a job the foster parents have undertaken and their gratifications stem from doing a good job.

Casework Skills

Finally, it is our conviction that the success of this venture is dependent upon three factors.

First, a careful diagnostic study and evaluation of the family which will provide a reliable understanding of the characters and personalities of the applicants and their children, and of the patterns of interaction and adjustment to each other which will serve as the basis for determining the kind of child to be placed in the home.

Second, a thorough understanding of the child and his needs which makes possible sound judgment in the choice of home.

Third, the caseworker's conviction that a home can be maintained for the child and treatment plans can and must be carried out, as well as the skill the caseworker brings to the task.

No foster home comes ready made. But the basic ingredients are present.

It seems to us that the caseworker's job in working with these foster parents is again different primarily in degree from her work with other foster parents. But because these children need special environmental treatment and these foster parents have undertaken the job of providing this treatment, the education of the foster parents for the job assumes more importance than usually obtains. This in no way minimizes any of the other essentials of the caseworker's responsibilities. On the contrary, the usual compo-

nents are brought into sharper focus because of the severity of the problems presented by the child and the consequent intensity of the work of the caseworker. The worker's understanding of the child and of the foster family, her patience, perspective and skill in helping the family work through their negative reactions to the child or their over-optimism in achieving desired results are just as important as her ability to find meaningful ways of conveying to foster parents the concepts and the methods they can apply in the care and re-education of the child.

As in any experiment when the opportunity is provided for close examination, under the microscope, rich revelations and insights may emerge. In this project it is our hope that such will be the case and that the results will throw some shaft of light on how child placement agencies can create the needed resources for the care of certain children who otherwise would not have the opportunity to achieve useful, productive adulthood. It is always easy to hope. This experiment can only be tested by time in which every effort is exerted to ascertain its potentialities and its effectiveness.

ABOUT THE NEW *Child Welfare*

CHILD WELFARE is in new dress, designed to look its part as well as to speak it. We hope that you will also find it more convenient to file and to carry with you. The increase in the number of pages will permit wider coverage. Since CHILD WELFARE is to serve you, we earnestly solicit your suggestions.

The sturdy wheat spikelet is being used to symbolize child welfare because the child like the growing wheat represents divine creation, and loving human nurture. Like a wheat seedling, a child cannot develop to his full potential without constant devotion and tender care.

The children with which CHILD WELFARE is concerned require the full commitment of every community. This Journal is dedicated to giving leadership for realizing that commitment.

AN AGENCY EXPERIMENTS WITH CASELOAD WEIGHTINGS

Ruth Weisenbarger

Assistant Director
Sheltering Arms Childrens Service
New York, New York

In seeking an answer to the question, "How many cases can a worker carry and give adequate service," Sheltering Arms developed the method described in this article, based on the premise that the caseworker's responsibility cannot be measured satisfactorily by number of cases only.

TO MEASURE the responsibility carried by a caseworker in a foster home service is to identify and give weighting to the various aspects of her work. She is the agency representative having a direct casework relationship with various individuals, each of whom has a unique role and significance in the child's experience in foster home care. These are enmeshed relationships; sound and effective casework demands attention to each part of the whole. The caseworker is entitled, I believe, to some guidance beyond that offered in individual supervision, in the establishment of priorities in use of her time and her professional self.

Case Count Found Insufficient

Caseload responsibility cannot be evaluated fairly by listing the number of children in placement plus the number of foster homes or by interview count. If caseworkers were responsible only for supervision of placed children, a count on this basis would be valid. However, this represents only a portion of the responsibility carried, and the casework time involved. For instance, there is agreement in child placing agencies that appropriate intake studies involving many interviews are needed to insure that children are separated from their families only when it has been determined that placement is the needed service. One caseworker may make intake studies and the initial placement of 12 children in a given year, while another who is responsible for a group of children in long-time placement may admit only one new child to care. The importance of preparing the parents, child, and foster parents for the placement experience is so generally recognized today that no trained caseworker

could operate on the level of merely "taking a child" to an approved home. Similarly, the study of foster homes has moved far beyond the stage of mere investigation, and involves defined casework relationship and process. Casework with parents of children in care has demonstrated that the period of foster care can be shortened in many cases. Similarly, each aspect of the caseworker's responsibility in a child-placing agency can and must be identified. If we identify the parts of the whole, and can give appropriate weighting to the various casework processes, we will have a more objective means of measuring the responsibility carried by each caseworker than is possible by the oversimplification of counting children in care.

Experimentally, our agency has attempted the use of a "Caseload Weighting" system, believing this to be an objective way of measuring responsibility carried, of helping to determine when a caseworker can take additional assignments or when she needs to be relieved, and of insuring greater evenness of agency service to our total client group. The "weighted caseload" is based on giving "units" for the responsibility carried in different kinds of assignments. The unit, as we use it, is based on the *average* of reasonable amounts of time it takes caseworkers to carry responsibility for one child in a foster home—one unit for each child, and one unit for each foster home. Unit weights assigned to other casework activities are in relation to this basic unit. We use the "average of reasonable amounts of time" deliberately, because we know it is realistically possible to arrive at such an average on the basis of experience and that it meets current agency standards. As an illustration, we know it is

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possible for a caseworker to spend 10 hours writing a summary which should require 6 hours, if she has poor organization or emotional blocking. Furthermore we know another caseworker might devote only 2 hours for a summary of the same situation, but that summary would be inadequate.

Developing Weighting System

Prior to our attempt to use a caseload weighting system, we had recognized that a caseload of children in long-time placement involved a different kind of casework activity and a different tempo than a caseload com-

posed largely of preadoptive babies with frequent intake and discharge. Caseloads, therefore, varied from 18 to 34 in terms of the number of children carried—though this was determined on a fairly subjective basis. It is simple arithmetic to figure that in our agency with 650 children in foster care, and with the present 26 caseworkers in that department, we average 25 children per caseworker. However, there are many variables represented only in part by short-time or indefinite care.

The process by which we at Sheltering Arms Childrens Service arrived at our current weighting plan is, perhaps, of as much signifi-

CASELOAD WEIGHTING REPORT

WORKER.....	For the Month of	REPORT COPY	WORK SHEET
BASIC CASELOAD WEIGHTING		<i>No.</i>	<i>Points</i>
1. Children in Care.....		1	
2. Foster Homes.....		1	
3. Development of New Foster Homes.....		1	
4. Parents (List by name).....		1 to 3	
5. Children in Treatment (List by name).....		1	
<i>Total Basic Weighting</i>			
ADDED CASELOAD WEIGHTING			
6. Chn or f/ps—added interviews, by plan.....		1	
7. Home Studies—Active.....		6	
8. Home Studies—Inactive.....		1	
9. Intakes—Active.....		5	
10. Intakes—Inactive.....		1	
11. Transfer to new setting.....		1 to 6	
12. Transfer to other worker.....		1	
13. Discharge—Adoption.....		6 to 9	
14. Discharge—Other.....		3	
15. Summaries.....		2 to 4	
16. Unusual Committee Responsibility (Describe).....		1 to 6	
<i>Total Added Weighting</i>			
Total Weighting: Last Month		This month	
Special Case Situations (hours).....			

cance as the form itself. Both administration and caseworkers were interested in developing a plan whereby the basic services would be identified and weighted realistically in terms of agency expectancy of service. Starting with the theoretical concept that there could be value in a weighting system, we worked together first to identify the pieces of the job that could be given a unit value on an objective basis. With the approval and complete support of our Executive Director, and the supervisory group, the plan was developed, tested and presented to the professional staff for their consideration by the elected staff committee of five caseworkers.* The staff committee became the nucleus of the group working on the weighting system plan with the supervisory staff.

We decided that a child in placement should be the basic unit and that unit weights assigned to other responsibilities would be established in relation to this unit. The caseload weighting was to represent the average of the time required by caseworkers giving a reasonable performance in the various responsibilities carried. It was apparent that only a sample time study could confirm or modify the weighting arrived at empirically. For several months the staff committee kept a complete time log. Each item to be weighted was evaluated in terms of the average time required. The staff committee and supervisory group met together repeatedly to pool thinking and to test the validity of the proposed weighting plan.

The Board of Directors was interested and supported the project, feeling that it could also be a tool, eventually, in helping to determine the amount of service which could be planned by the agency as a whole. The entire professional staff had full opportunity to discuss both the philosophy of the proposed plan and later the proposed form. Enthusiasm and active participation were general and some items were suggested for further review or consideration. It was understood that the plan as originally adopted would be

* In our agency this staff committee works with the Assistant Director and carries major responsibility for planning staff meetings, arranging seminars and defining projects needing committee and group thinking.

tested for a year. At the end of that period there would be complete review of its effectiveness, as well as of the weightings that had been used and any part of the plan that might need review.

Weighting Units of Service

The plan gave recognition to a "basic caseload," referring to the continuing responsibility assigned to the caseworker regardless of the amount of activity involved. Thus a unit was given to each child in care; to active foster homes regardless of the service needs. Extra weighting was given for development of new foster homes; for help to parents, when available for indicated casework service; and for children in treatment who were interviewed regularly by a psychiatrist. In this way we acknowledged that a child in agency care and a foster home in use are the responsibility of the caseworker to whom they are assigned, even if for some reason they are not visited during the month. We do not count as basic caseload the parents of all children, because in our agency there are parents (particularly of children placed years ago) who cannot be located. There are others with whom regular casework interviews would be impossible or of no value. Therefore, the caseworker lists by name those parents with whom there is a plan of regular casework service.

Under the "added caseload" we listed casework activities that come irregularly and are time limited, such as foster home and intake studies, transfers and discharges, but which are time consuming and, therefore, should be given suitable weighting. In each item in which a range is listed, the instruction sheet is specific in determining the weighting to be given. For instance, under discharge for adoption there is a range from 6 to 9. The instruction sheet indicates that if the baby is seen only once by the family before the day of discharge for adoption, she counts this discharge as 6 units. If the older child visits with his preadoptive family on three occasions, the weighting reflects this activity by the addition of 3 units making this 9. Simi-

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larly, we recognized the need for planned, intensive casework with certain children or foster parents for a limited period. We did not list regular case recording, as it is an inherent part of each piece of the professional job. However, we included summaries, distinguishing between a fairly brief summary for psychological testing and a detailed analysis of history and personality for a psychiatric summary. In recognition of the importance of unusual committee responsibility, this activity was also given a value.

Using the Weighting Form

For our purpose it seemed important to have both a Report Copy at the end of the month and a Work Sheet to be used in a fluid way. The Report Copy is a permanent record of the responsibilities carried and special activities completed. It is clearly understood that the caseload weighting report is not a time study and that it does not reflect quality of work. The Work Sheet copy, made out on the first of the month, covers the anticipated responsibilities and special activities planned for the coming month. It may vary from week to week. Thus, when a new intake is assigned to a caseworker, her weighting is increased. When she begins to prepare a child for discharge for adoption, her caseload weighting will reflect the intensified casework activity. When she is assigned a new foster home study, units are added.

Our caseload weighting system is now in its second year of use. Modifications were made at the end of the first year. To establish the validity of weightings given, a time study was used to evaluate items that seemed to need revision.

When we first established the form, we could not state the expected number of unit points to be carried by an individual caseworker. Experience reveals that with our system the average is 63.8 units and our range is now from 60 to 75. No caseworker would find it professionally acceptable to withhold service or even necessary acceptance of additional assignments because her caseload weighting

for a month extended beyond the average. It would be recognized that she was under great pressures and that even more than usual efforts were necessary to meet established priorities.

This form does not take the place of a monthly statistical report. Filling out the form, for which there is a specific set of complete instructions, is not a burdensome task for our staff. Most report that the form can be completed in fifteen minutes. Should a distortion be noticed by several caseworkers, or suggested by supervisors, a sample time study for the particular service will be an essential part of our developing plan.

Process Found Valuable

We have conviction that weighting caseloads has validity. Our entire professional staff has found real value in the process, development, and use of this system with the current forms which in themselves can be subject to revision. We know that the true value is reflected only in its affect upon our services to children. It has helped us to identify and define various aspects of our service. For instance, the fact that work with parents is considered a part of the basic caseload weighting emphasizes this as an acknowledged part of our child placement service in a more defined way than could be true through supervision, seminars, and staff meetings alone. Foster home studies given suitable weighting to assume completion of active casework within two months are no longer "extra," to be fitted into the schedule when the needs of children in care are less demanding. This led to the development of greater resources for the children needing placement. The weighting plan which we present here is the most objective measure that we have been able to develop to date. However, since it is adapted entirely to the service in our individual agency, we recognize that this same concept and the same approach would inevitably call for some differences in weighting in other agencies, even where professional practices are similar to ours.

INTEGRATING HOMEMAKER SERVICE INTO AGENCY PROGRAM*

Eleanor Taylor

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The advantages of a new service must often be proved before it can be accepted and paid for with local public or private funds. This article tells how, after an experimental program proved its value, homemaker service became a permanent part of the community's social services.

IN 1949, the Hamilton County Welfare Department embarked upon a new approach to the handling of emergency and short-time care of children whose homes were broken temporarily by illness or absence of a parent. Homemaker service was provided to families unable to handle day-by-day care of youngsters. This service was not new; it had been an integral part of over-all care in many private and some public agencies for years. To us, however, it was quite a departure from established methods and procedures of planning for children.

It is doubtful that the program could have come into existence without help. The U. S. Children's Bureau financed it and gave valuable consultation through field consultants. However, the Ohio State Department of Welfare administered the funds. State, local and federal agencies, in conferences and through correspondence, worked out jointly standards and criteria of eligibility. The program was made a part of the Children's Services Division of the County Welfare Department and has been continuously supervised by its Chief Casework Supervisor who works directly and closely with the Supervisor of the homemaker program. An advisory board composed of lay and professional people has regularly examined the progress and the problems of the service.

Extending Service

At the end of the first year, ten homemakers were regularly assigned to families needing service from one week to six months. Now 23 homemakers are providing service

for periods up to 18 months when the situation warrants it.

An important change in the program has come about as the result of a planned but gradual reduction of financial support from the U. S. Children's Bureau. In June, 1952, the County Welfare Department took over one-fourth of the cost of the program, and by assuming an additional quarter of the cost each year, it will absorb the entire financial operation by June, 1955. Along with this sound planning, the intake procedure has become increasingly more flexible. Complete support from the Children's Bureau made it necessary to provide homemaker service only to those families having children. Now it has been expanded to include some childless couples or chronically ill individuals on a fairly continuous long-time basis.

Although this new facet of the plan has added complications and problems, it has also been a great contribution to the total casework functioning of a large public agency with responsibility for the dependent, aged or chronically ill person. The chronically ill person and childless couple are offered homemaker services in conjunction with other services which they may be receiving at the County Welfare Department. That is, homemaker service is a resource for all divisions of the agency and is used continuously by the caseworkers in the public assistance and general relief divisions. In these cases, intake is handled directly by the caseworker with the supervision of homemakers while the caseworker continues to handle her planning with the family. As an integral part of the agency's service, it is now recognized as a possible alternative plan for continued hospitalization or rest home care, with visiting nurse supervision.

* Presented at the Annual Meeting, National Committee on Homemaker Service, Chicago, Illinois, October 21-22.

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The program continues to be a part of the child placement division of the agency, however, and the bulk of any homemaker's time is still spent in homes where children and their needs are the primary consideration. Consequently, all intake is handled through children's services unless the case is known to another division in the agency.

An Alternative to Placement

In all new cases, homemaker service is considered first as a possible solution. Where there is a responsible adult available for evening and night supervision of children, emergency placements are not made during illness or confinement of the mother. Last year 680 children were cared for in their own homes, many of whom would have been placed were homemaker service not available.

The social and psychological values of maintaining the family unit in the home are now well accepted by most social agencies. The dollars-and-cents value too is important, since the cost of homemaker service is considerably less than boarding home care for the average family of children. These two factors can, however, complicate the already complicated problem of "when and when not to place." The availability of the service makes necessary a quicker and more skillful diagnosis of the family's social and emotional health, an accurate evaluation of strengths within the total group and within the family which remains when one parent is absent or ill. If the mother has been the balance wheel and the cohesive force, her absence may create tensions and strains with which a homemaker may not be able to cope. A father who functions adequately within his home and family only because his strong dependency needs are constantly met by an all-giving wife, may not be able to handle his own or his children's needs even with homemaker and caseworker support. In such cases, placement becomes more difficult when postponed beyond the emergency period when it would have had meaning and a sound reality basis for both the father and children.

Where either physical or emotional illness has caused the collapse of a progressively

weakened family unit, nothing may be gained by the presence of a homemaker except perhaps increased and more severe illness on the part of parent and confusion in loyalties on the part of children. These situations and others like them are fairly run-of-the-mill in public child-placement agencies and point up the need for intelligent, imaginative, and diagnostically sound decisions as to whether homemaker service or placement would be more helpful for the children and their parents.

Long-Time Planning

When it is clear that the family still possesses sufficient strengths to maintain reasonable stability and unity, there should be no hesitancy about the use of homemaker service with all the hurdles and complications involved in long-time planning. Where we are clear, on the basis of past experiences and current strengths of a family, that the plan can be a successful one, the complications cannot be as great as those encountered by a child in placement—if placement could have been avoided.

Two years ago we placed a family of six children ranging in age from two to thirteen in three foster homes. It was an emergency placement with the children arriving at intake under police escort, following the mother's desertion. They were given the usual physical examinations and were placed in foster homes after several months of observation at the receiving center. The youngsters most dependent upon each other were placed together in the various homes available and the ones best able to stand the separation were placed singly. The entire year of placement was fraught with every problem of adjustment. The smallest to the oldest child ran the gamut of symptoms of loneliness and insecurity. Following a reconciliation of the parents, the children were returned home where they became symptom-free, happy, relaxed youngsters almost at once.

The parents had visited regularly during the entire year and had shown real concern and bewilderment over their children's reactions to separation from them and from each other. With the help of the family caseworker they had made a good start in working through some of their problems, in spite of considerable immaturity and long histories of emotional deprivation and marital difficulties.

The situation held together for about a year. Then the mother deserted again and we were faced once more with the necessity of planning for the children.

A homemaker, selected for her demonstrated capacity for assuming responsibility and for her gentle but firm handling of children was immediately placed in the home. With the advantage of knowledge of the children's reaction to placement, together with some uncertainty as to mother's plans for the future, there was everything to be gained by delaying action to give the father time to prepare the children for what looked like inevitable placement. The father quickly assumed the unusual family responsibilities and the children rapidly developed a positive relationship with the homemaker. As a result we reevaluated the need for immediate placement and settled instead on a trial period of homemaker service. This was done because we knew the strength of the family as a group and of the father as an individual as well as a father. The close family bonds, the interdependencies and mutual trust formed a solid foundation and convinced us that the family should be kept together with available homemaker service.

The weaknesses of the plan involved the tremendous pressure upon the father and older children, possible confusion of roles of the father and his fourteen-year-old daughter and the limited number of homemakers who would assume this much responsibility, emotional strain and physical work. Should placement become necessary for the children, it could be effected more easily now, with eight months of fairly relaxed living, without the mother, but with each other, their own possessions and in familiar secure surroundings.

The amount of casework time spent in supervising the homemaker, and in working out the family's problems during this period has been great but not so great as would have been the case were six disturbed children and six bewildered foster parents making demands simultaneously. It has emphasized the invaluable contributions a homemaker program can make to a placement agency's total planning for children where

there is one parent, or other relative, sufficiently strong and emotionally healthy to do double duty as wage earner and parent and to carry on at the end of the homemaker's day.

Allows Time for Appraisal

Use of homemakers to assist in the evaluation of whether or not placement is indicated and to extend the preparation period could be much more fully explored than has been possible thus far. Emergency periods following death, desertion, or severe illness of a parent are not points at which placement should be an added shock. Too often, however, it is necessary for child welfare workers to divest a child of his last vestige of security through placing him because they lack any other resource. Parents can often be helped to take stock of their resources and to plan for children in ways not thought of during the actual emergency if a period of homemaker service is provided.

We have successfully used homemakers in cases where mothers, because of their own problems and fears, are unable to adequately handle their children's problems. Relief from the strain of excessive responsibility and continuous care for children's physical needs may reduce the hopelessness and lethargy of the overworked mother to the point where she can utilize professional help toward working out the problems at home rather than through placing her children.

A thorough knowledge of the family as a whole, and careful selection and preparation of the homemaker are only the initial steps in a plan which also involves continuous and intensive casework planning and supervision. These situations are not easy to handle in the placement division of a public agency. We often ask homemakers to work in inadequate physical surroundings for long periods of time. We ask child welfare workers to do a job which is, in many respects, family casework, when their interest is pointed in the direction of placement. Public agency workers often lack the skills necessary to carry out a casework plan so complicated and closely integrated. Homemaker service, however, is usually without value of and by itself and

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must be a part of a larger casework plan to be utilized fully.

Administering Program

In our staff development program where the child's basic needs for parents, and parents for children, are constantly kept in the foreground, a discussion of work with children in their own homes has real meaning to staff in working with homemaker cases as well as with placement situations. It has proved valuable in our over-all training program.

Work with the chronically ill and aged is a newer development in the program, but is equally as valuable in our agency as the program with children. Administratively, it has been more difficult to handle because of the longer periods of coverage, part-time service

indicated in some cases, and the limited satisfaction it offers to the homemaker staff.

Training of homemakers, which has been maintained on a year-round staff meeting level, has been concerned largely with homemaker attitudes toward the kinds of problems they encounter, some of the reasons for deviant behavior in children and older people, and more recently the special needs and fears of the aged and ill. Community training courses, such as the Red Cross and other agencies offer, have also been helpful to the homemaker staff. Joint meetings of the three homemaker staffs in the city have given a feeling of unity and common purpose as well as an opportunity for sharing mutual problems. At this time, the program has become an integral part of the agency and the community.

HOMEMAKER SERVICE AS A CHILDREN'S CASEWORK SERVICE*

Henrietta L. Gordon

Homemaker service should be one of each community's casework services for children. This article discusses some fundamentals in adapting casework skills to homemaker services for children.

SINCE THE MOTHER is the natural homemaker, this service is necessary ordinarily when she is incapacitated, or for other reasons unable to carry out the tasks of caring for the home and the children, whether she is at home or is hospitalized or is away from home for other reasons.

The homemaker is a suitable aid in solving problems in a variety of situations both where children are concerned and where there are no children, as for example, where an aging couple cannot carry the full responsibility for maintaining a home, but with this help can carry some of the tasks of homemaking; or where a family with grown children needs help during the temporary illness of the mother. All the situations have these elements in common:

1. the mother of the family is incapacitated, or out of the home, and so cannot carry her usual role;
2. without this help the home could not be kept together adequately;
3. with this service the home will be held intact satisfactorily, even if only for a temporary period, and
4. the members of the family can use this service toward solving the problem which made outside help necessary.

When parents want the service of a homemaker, primarily out of concern for their children, no matter which agency offers it and what other considerations go into the decision, the service should be recognized as "children's casework." In such instances, the social and emotional realities which the parents must be helped to face and deal with should be connected with the children's need for care and guidance and the parents' problem in carrying out parental tasks. To be adequate for children, a home must provide them with the security of feeling loved, and

* Delivered at Annual Meeting, National Committee on Homemaker Service, Chicago, Illinois, October 21-22.

needed as well as with physical care and with guidance. When the mother is incapacitated, the home needs the father or a substitute to whom the children feel deeply attached, upon whom they can depend, and who can help with some of the tasks ordinarily carried by the mother.

The aim of homemaker service is to avoid unnecessary separation of children from parents or precipitous, unplanned-for placement. However, preserving the home and providing immediate care are not sufficient reasons for continuing the services of the homemaker. As is true of foster care, the service is not to replace the parents, but to enable them to solve the problems which interfere with their providing adequately for their children.

Advantages and Problems for the Family

The special advantages of homemaker service, besides sparing the children avoidable separation, are that the mother has the knowledge that her home is being held intact, that her husband and children await her recovery or rehabilitation, which may give the mother the incentive to get well and to take back her place in her family; also the father's confidence in himself and his self-esteem may be raised when through his efforts the children can be cared for properly at home though the mother is ill or away.

At the same time the use of the homemaker service creates problems. The mother may feel her position in the family challenged by the homemaker. Anxiety may be aroused by such questions as

"Will someone manage my home as well as or better than I?" "Will that person criticize me, or try to change my way of running my house?" "Will my family find that they can get along without me, and particularly so my husband?"

To the father, too, the service brings a challenge. He may feel his position as provider of the family threatened because the agency selects the homemaker, pays her at least in part, and it is to the agency that she is responsible. He may be concerned about what the homemaker as well as the agency will expect of him. For this service differs

from other services in two ways: the homemaker must become a part of the intimate family circle and she must take over some of the parents' prerogatives right in their home. Therefore, despite their need, in some instances the parents may not be able to use this help just as some cannot accept separation and foster care for their children.

For Caseworker, New Challenges

In all situations where homemaker service is used casework is required, but it is more difficult to put into practice some of the generally accepted casework principles. For example, although we agree that parents must decide whether they can use a service, because the situation calling for a homemaker is often urgent, applications come from other sources with pressure for an immediate decision. The hospital or clinic concerned about a mother's need for medical care; a social agency which has been asked to place the children, but believes that a homemaker would be preferable; a relative or neighbor who is acting as temporary homemaker and wants to be relieved of the responsibility—any of these may apply. They should be treated as inquirers. The responsible parent must be helped to make the application, and both parents should be included in the consideration of how to solve the problem of the care of their children.

The mother may too easily be overlooked in the desire to "spare her." However, it is essential that she have a voice in the plans, if at all possible, not only because of her right as a parent, and as an incentive to her efforts toward recovery, but because if she opposes the plan she can make it impossible for the homemaker to give the necessary service.

On the basis of these considerations, the homemaker service has been found to be most helpful to parents and children when:

1. The home will serve the children's needs, even during the period of crisis.
2. A responsible adult (generally the father) lives in the home or is willing to—one to whom the children are closely attached and on whom the homemaker can rely to carry those responsibilities which only a member of the family can carry.

3. Both parents, if they are at home, are able to accept the service and participate in its use appropriately.
4. The mother who is out of the home but maintains her interest in the family, is willing to have her children cared for in this way.
5. The father is able to carry his responsibilities as provider and through his own efforts or available community resources, such as financial public aid, can see to it that the minimum requirements for the children's physical care will be met.
6. Both parents will use the period of time while the homemaker is there to work on the problem they face in rearing their children.

From the time of the application until the services are terminated, the family requires casework help in making effective use of the homemaker in dealing with the problem which made these services necessary, arriving at an appropriate way of giving their children permanent care, and in finding other sources of help should the parents become aware of the need, and wish to be referred.

Intake is Decisive

The agency's response to an application reflects its casework understanding and its concept of responsibility to applicants. It is now generally recognized that in order to prevent an unnecessary "run-around" every agency should go beyond determining whether it can itself offer service toward solving the particular problem. The applicant for homemaker service who can take this help must be enabled to gain sufficient insight into his problem, and the available services for its solution, to have a basis for deciding whether he needs and wants outside help and if so how he and the agency will proceed to get it.

As in every other children's service, the intake of the homemaker service is crucial. Concerned with helping the parents determine whether or not this service is what they need and can use; if not, what alternative solutions may be available, the process should begin with an exploration with the parents of the conditions which brought them to consider the help of a homemaker. For example:

The hospital social worker telephoned to ask for a homemaker to care for Mrs. R's two children while she was in the hospital for a hysterectomy. The grandmother had been looking after the children, but cannot

continue. The mother is particularly worried because the father is an entertainer who cannot take an active part in caring for the home and the children.

The Father's Responsibility

To determine whether the father could assume enough responsibility to warrant sending in a homemaker is an important first step. By applying for the service, Mr. R could take a step toward assuming such responsibility. The medical caseworker was, therefore, asked to have Mr. R call for an appointment to discuss the situation. Some may consider this too delaying a procedure, believing that generally the crisis permits of no temporizing. This was the attitude of agencies which were called upon by the juvenile courts to accept children into boarding home care merely upon the courts' recommendation. Experience has shown that, barring rare instances when an unanticipated emergency necessitates immediate placement of children, more harm than good is done by failing to take the time to ascertain whether placement is the best plan, or what measures need to be taken to help the children and the parents make the best use of the period of separation. The agency must be ready to act with dispatch, but not without understanding of the situation, nor without the parents' participation.

Mr. R's calling and his readiness to talk over possible solutions were experiences which indicated his concern for his wife and children, and his latent capacities as a father and as a husband.

He was aware of complications due to demands of his profession. He worked evenings and rehearsed on several afternoons. He described Mrs. R's understanding, with deep appreciation. She arranged things like mealtimes for his convenience, and protected his rest periods against interference by the children.

The casework thinking was that while he had been treated like a favored elder son and little had been expected of him in sharing the tasks of homemaking and of rearing the children, he may be quite able to carry these tasks and find them a source of satisfaction. In this situation the caseworker had to determine whether and how the father might be engaged in a successful experience of

carrying parental responsibilities, so that he might learn to enjoy the satisfactions of participating as a parent in the life of his family. The caseworker knew from the hospital report, as well as from what the father had told her, that the home provided amply for the children's physical care.

Could the father stand up under the impact of a responsibility he had never carried?

The caseworker told him about how the agency operates, that it could place a homemaker for an 8½-hour day,* but that this was contingent upon his being able to arrange for the care of the children at night and during week-ends, and in case the homemaker should be ill or out for a day for some other reason.

Since this is a shared responsibility the caseworker must help the parent know just what he can expect of the service, and what must be expected of him. This information gives him a basis for deciding whether his children can be cared for properly at home, in their special circumstances. By his reaction, the caseworker begins to diagnose his capacity to cooperate in planning for his children and to use this specific service.

The caseworker must help the parent bring out his feelings about the difficulties he is facing, so that they can both learn whether his expectations of himself and others are reasonable.

The caseworker commented that Mr. R is under great pressure at this time. He might be particularly burdened because his work may depend upon his feeling relaxed and at ease. Feeling the caseworker's genuine interest in him, he acknowledged that it was not easy, but he wanted to give his wife and their children the support they needed at this time.

This recognition enabled him to discuss the plans he and his wife had considered. They had thought about trying to engage a housekeeper but since he is away from home they did not think that they could trust the children to a person engaged so casually while his wife was away. Moreover, the cost, under such circumstances, might be beyond their means.

In order to give the father further help in considering whether a homemaker could be the appropriate solution for his problem, the caseworker explained what the agency could do about his special concerns—how the homemaker is supervised, and how the fee is

* Agencies may have different time schedules for their homemakers, and set different conditions.

estimated on the basis of the family income or financial obligations. She also went further in detailing how the father might carry some of the responsibilities which are usually the mother's—consulting with the homemaker about the children's routines, such as food, schooling, clothing, and their behavior. And how he would have to plan with the agency about the homemaker's hours of work.

A parent should be helped to feel free to reject homemaker service if it requires more of him than he may be able to give; moreover, as in the intake services of every agency, the client must be helped to know about possible alternatives when there is question about the service being considered. In this instance, there was the possibility of temporary boarding home care.

After some back-and-forth discussion of what boarding home care would mean, Mr. R said that his children, who were 5 and 8, had never been away from home; and although he could visit them, he knew they would be very upset. Moreover, his wife, too, would be most unhappy. He did not think that boarding home care was a plan for his family, if it could be avoided.

He was beginning to wonder whether, having the help of a homemaker, he might induce his mother-in-law to remain with the children some evenings until he got home. If he could make a regular arrangement to have the homemaker stay at least one evening, it might be possible to care for the children at home.

The father was ready to undertake responsibilities he had never carried before because of his concern for his wife and for his children. His realistic approach to his unusual schedule, his awareness that he would need the help of his mother-in-law, as well as of a homemaker, were evidence of his capacities and were the bases for the decision to help him carry out this plan. Success in this undertaking would not only give the children the needed care, but would significantly improve the couple's future conduct as parents. The caseworker suggested that she would see him again, after he had talked the matter over with his mother-in-law and his wife.

When Mr. R called again, he seemed much less anxious. The grandmother was willing to stay five evenings. She would be with the children during the afternoon when he was at rehearsal. If a homemaker were willing to stay from six to midnight on that one day, he could manage to keep the children at home.

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An agency cannot always meet a client's special request for a homemaker, but efforts should be made. The caseworker said she would try to find a homemaker who would work into his schedule.

Both Parents Have a Part

Whenever possible both parents should be included in the planning for their children. When a mother is hospitalized, the decision as to how to involve her must be determined by her condition, along with other pertinent considerations. In this instance, since one problem was to enable the father to take on the role of head of the family, the caseworker encouraged him to begin to involve his wife in the planning.

The caseworker discussed with him how Mrs. R was taking the plan suggesting that the mother should know the difference between having the grandmother care for the children and having a homemaker. Mr. R said he had not told his wife about the various difficulties because he wanted to spare her. Now feeling more confident, he would discuss the plan with her, and prepare her for the caseworker's visit.

While because of the mother's condition it may not always be possible for a caseworker to include the mother before the homemaker is placed, the caseworker will need to get to know her before she comes home. In this situation, it was important to learn whether she needed help to begin to have some confidence in her husband as a parent, and to allow him to take his place as father of the family. She may need help to view the change in how she will carry her role as wife and mother as a desirable one.

When Separation is Preferable

A parent may need help to know when homemaker service is not an appropriate aid for solving his problem. Even a devoted father may not be able to arrange to keep his children at home, particularly if they are very young, and if, as in the case that follows, the mother is dead:

Mr. P had applied for homemaker service at the suggestion of the hospital social worker shortly after his wife's death. From the history, the caseworker gathered that he had been a devoted husband and father; had taken an active part in the daily care of his children. While he did not want to be separated from them, he

was so distraught by the sudden loss of his wife, that at times he could not bear to come home. His sister, who was caring for the children insisted that he be home for dinner, bathe the children and put them to bed, as was his wont. He knew that she wanted to help him over this difficult period, but he could not do it her way.

The intake interviews were at first focused on his distress. He talked mainly about his life with his wife, and how they had enjoyed the children. When he mentioned that it had been suggested that perhaps a period of placement for the children would be best, the caseworker was sympathetic to the idea that he might not be able to continue to do for his children what he had done when he was sharing this responsibility with his wife. That the father was deeply concerned for his children was revealed in such statements as—he hated to have them lose their father so soon after the loss of their mother. Yet she was realistic that there may be no alternative. The caseworker helped him to see that perhaps, in the long run, he would be a better father for having given himself a chance to work out his mourning in his own way.

Mr. P arranged for his sister to talk with the caseworker. The latter helped her to see his position. Since neither of them could let the children go, for a few months the sister stayed on, interfering less with Mr. P's personal life.

The caseworker let the father know that he could return to reconsider the plan, and two months later Mr. P came in again to talk about the advisability of a homemaker.

He realized that he would have little time for recreation or making friends, and began to wonder whether with his children only three and five years old, he could make such a long-time plan for them. Finally he applied for boarding home care.

The parent must be helped to know that, as is true with all children's services, homemaker service cannot be a means of rearing children. Whether or not the homemaker offers a suitable solution for the problem of the care of children depends not only upon the devotion of one or both parents, but on whether, with this service, they can eventually take over the responsibility for the care of their children completely, as was expected in the R family, or make some other appropriate plans. This is not to say that homemakers

can serve only for several months; it might be for as long as two or three years. But always the service must be toward the end of working out a difficulty in providing care for a child, or arranging for him to have a home of his own in some other way. A plan of care for small children, which permanently places the father in the position of the evening and week-end complete homemaker, in addition to being the breadwinner, is unrealistic and impractical. It does not promise the necessary stability to a home. There is no guarantee that the same homemaker will remain to care for the children over an extended number of years. Moreover the position of the homemaker becomes an anomalous one when she is required to act as mother to the children either because the mother is dead, has deserted or is totally incapacitated. She cannot indefinitely share this role with a father to whom she is a stranger.

Homemaker service can only be a plan for growing children whose mother is permanently out of the home where the father can work out a plan for taking over the running of the home, with the help of another interested relative or friend who can allow him to have some freedom for his personal adult social needs. Based on this thinking, the following circumstances have been defined as promising the wisest use of this service:

1. When a mother's acute or temporary illness or hospitalization leaves young children without care.
2. When a mother has an illness of extended duration, but prognosis is favorable for her recovery within a stated period of time.
3. When, in the case of an extended illness, with favorable prognosis, the time of recovery is not definite, but the father is sufficiently interested in and capable of maintaining an adequate home for the children, when given help during his work day.
4. When the diagnosis as well as prognosis are still undetermined, and until a decision can be made as to whether or not she may be expected to become sufficiently well to resume her tasks.
5. Where the mother is permanently incapacitated, yet with this service, she may be helped to discover and develop efficient effective use of her limited capacities; or to allow the family time to arrange for supplemental help so that she may be able to do her part in caring for her home and children.
6. In the event of the death of the mother, hospitalization for an indefinite period, or permanent total

incapacity of the mother, to help the father to explore and plan for the permanent care of the children.

Helping Homemaker Identify with Agency's Goals

In selecting the homemaker for the particular family, the needs of the children, as well as the parents, must be taken into consideration. The homemaker—not being a professionally trained person—cannot be expected to have developed the professional's discipline of her personal feelings about behavior of children and adults. Yet, because she goes into different homes and must be able to fit into the family's way of life, she does need to understand their special needs of her, and to be able to meet those needs. In the R situation, for example, a homemaker might all too readily have responded to Mr. R's "small boy" quality, and to the reality of his difficult schedule, and, like his wife, might have wanted to over-protect him. A homemaker might want to mother the children's mother, instead of helping her to begin to take on homemaking duties. For the sake of the children as well as the parents, the homemaker needs help to become identified with the agency's goals in helping parents, and in understanding the needs of the individual child.

The caseworker must help the homemaker let the parents carry their respective responsibilities. This is especially difficult when the mother is at home. The caseworker must also help the mother to allow the homemaker to carry essential tasks which she is, herself, unable to do. At the same time, she must be aware of the help the mother may need to participate in the life of the family and to take on homemaking tasks increasingly.

Mrs. H, who had trouble with her back so that she could not lift her baby, had been referred for some special orthopedic exercises to strengthen the affected muscles. She resisted working on them and seemed to be slipping into a pattern of letting the homemaker do all the work, while she sat by giving orders and criticizing the homemaker.

Since illness may cause an individual to regress to a dependent stage in his development, and again experience early fears of growing up, a mother may need a great deal

of help with this problem. Sometimes from the beginning a time limit must be set during which a homemaker will be made available. This may act as an incentive to the mother to begin to test her ability to take the rest or treatment she may need to improve her physical condition, and to begin to take back some of her responsibilities of caring for the children and keeping the home going.

Mrs. H had to be helped to consider whether she wanted to get well, and to face that the homemaker was placed to afford her the chance to try to recover.

Considering Child's Long-term Needs

So large a part of this paper has been devoted to the intake phase of the homemaker service and the conditions for offering it, because at intake the caseworker and parent are necessarily engaged in defining the goals of the service and in establishing a working relationship between the parent and the caseworker, and the children and the caseworker. As was found in boarding home care, when children are accepted into care on the basis of concern for the immediate distress of the children and the parents and the goals of the service are not clarified, the placement often fails to serve its basic purpose of solving the problem of the child's need for a home of his own. Similarly, in homemaker service, because of the great distress when the need arises, it takes a great deal of professional discipline and judgment to keep in proper perspective the children's immediate and long-term needs.

The homemaker service as a children's service is relatively new. Skill must be developed to help the parents examine the internal and external realities affecting them and their children, as a basis for determining whether this service can help with their difficulty. Regardless of which agency gives the service, only when the children's long-term as well as immediate needs are taken into consideration, and therefore, when the service is offered to parents to help them work out the problem of their responsibility for rearing their children is the value of homemaker service fully realized.

EMMA OCTAVIA LUNDBERG

Emma Octavia Lundberg, known and beloved throughout the country as one of our greatest leaders in child welfare, died at the home we shared in Hartsdale, New York, on November seventeenth. Released from her frail body after years of illness, bravely endured, her presence lives on in those who cherished her as a friend, counsellor and teacher, and were inspired and informed by her writings. Her book, *Unto the Least of These*, spans the first centuries and later decades of work for children since Colonial times.

Having received a Master's degree from the University of Wisconsin, Miss Lundberg engaged in studies of standards of living, and of conditions in the homes of immigrant workers; in family welfare work in three cities; and in work for employed women and children under the Industrial Commission of Wisconsin, where she laid the foundation for the administration of one of the earliest minimum wage laws. In 1914 she became the first director of the Social Service Division of the United States Children's Bureau, a position which she left in 1925 to join the staff of the Child Welfare League of America, where she was Director of the Department of Institutional Care, and later Director of Studies and Surveys. After serving as first director of research and statistics of the New York Temporary Relief Administration, she returned in 1935 to the Children's Bureau. There she laid the foundation for the administration of grants to the States under the child welfare provisions of the Social Security Act, shared in the direction of this program, was Assistant Secretary of the 1940 White House Conference on Children in a Democracy, and made important contributions to the follow-up program of the conference and war-time efforts to safeguard children in their family and community life. She had also served in major capacities in the 1919 and 1930 White House Conferences. She retired from the Bureau in 1945, because of ill health.

Throughout her professional life Miss Lundberg's work was characterized by great

intellectual vigor, imagination, insight, a rare gift of humor, and a true love for research that was always permeated by feeling for people and sturdy common sense. The Children's Bureau studies she directed of mothers' pensions, children born out of wedlock, care of dependent and neglected children, juvenile courts, county organization for child welfare, and other subjects, played a very important part in the development of social services in Federal, State and local governments and under private auspices. In her studies for the Child Welfare League she became closely identified in her feelings and friendships with the people, the problems and the achievements of each state or community.

Miss Lundberg and Julia C. Lathrop both claimed Rockford as their home. Jane Addams was a graduate of Rockford College. At the time of Miss Lundberg's death the Rockford *Morning Star* said in an editorial:

"Women like Miss Lundberg, Miss Lathrop and Miss Addams contributed greatly to the richness of our National life. This community is proud that it had something to do with their enduring contribution."

KATHARINE F. LENROOT

Chief Consultant, Child Welfare League of America

EASTERN REGIONAL CONFERENCE

February 17, 18, 19

Sheraton Park Hotel, Washington, D. C.

Chairman: Mr. John G. Theban, *Executive Secretary*
Family and Child Services
Washington, D. C.

(See *CHILD WELFARE*, November 1954 for complete conference listings.)

1955 MARY E. BORETZ AWARD

Deadline: February 1

Five double-spaced, typewritten copies of all manuscripts to be considered for this year's award should reach the League office by February 1, 1955. Prizes of \$250 and \$150 respectively will be awarded at the National Conference of Social Work in May for the manuscripts which are judged as making the greatest contribution to the field of child welfare.

READERS' FORUM

Providing Casework Service in the Day Nursery

While there is general agreement that casework service in the day nursery is of primary importance, on the question of how to make it available, there is considerable variation of opinion.

"Various plans for casework service other than direct employment on the nursery staff have been experimented with in day nurseries. . . . Sometimes two nurseries share the service of one caseworker, each paying part of her salary. Or a family or children's agency provides full or part-time service of a caseworker to a nursery. . . ."

This latter plan was instituted at Leila Day Nursery in 1936 implementing a recommendation of the New Haven Council of Social Agencies' Committee on Day Nursery Study that "intake and casework service on day nursery cases is a logical responsibility of a family agency. . . ."

In January 1953, during an exhaustive self-study, the Family Service agency realized that its working arrangement with the Leila Day Nurseries would have to be thoroughly examined in the light of the 17 years' experience and the developments in professional knowledge and thinking, all related to the changes in community needs during these years. Concurrently, the Board and the Director of the Leila Day Nurseries were re-examining their own situation and requested the family agency to establish a joint committee which would study all aspects of the arrangements and make appropriate recommendations to the two boards.

It was recognized that the 1936 report had been accepted by these agencies as being a statement of community and professional thinking at that time and that they had conscientiously tried to carry out its intent. The committee drafted a statement outlining the functions and duties of a caseworker in a day nursery setting today, utilizing all the professional literature and information available.

With this statement of function firmly in mind, the committee proceeded to review, and evaluate objectively, the agencies' re-

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spective experiences. The conclusions were inevitable.

The committee unanimously adopted and transmitted to the two boards a report which said, in part, that it agreed with the 1936 *Study* on the need for casework services in the day nursery, but it disagreed with that report on the method of providing these services. The committee reported that

"an autonomous agency should have entire jurisdiction over its own client population and its internal financial affairs. Therefore, the caseworker should be a part of the nursery staff, selected by that agency, responsible through the director to its own Board, and with her activities integrated with the nurseries' program and work. A casework agency should not be asked to assume responsibility for such vital decisions for another agency, for agencies' practices and emphases differ and the caseworker under such an arrangement must serve two masters. The cost in time expended additionally by the two executives, necessary to keep the mechanism working, is expensive. Furthermore, intervention in the affairs of another agency, inevitable in such an arrangement, makes for disagreement and dissatisfaction."

The committee had given careful thought to the situation of the lone caseworker, without a supervisor. It concluded that this is not unprecedented, and that it would be easy to arrange for consultation with an experienced supervisor on the staff of one of the casework agencies, as needed.

The committee said further that

"inter-agency cooperation is essential to good community services. When the limits of cooperative endeavor are defined so as to protect autonomy, without which no agency can take full responsibility for its decisions and actions, a sound basis is laid for productive relationships."

Therefore, the committee recommended that the working agreement between the two agencies be terminated as of June 30 and that the Leila Day Nurseries employ a professionally qualified caseworker on its staff. Leila Day Nurseries has now employed a well-qualified caseworker, who had had experience both in family agency and day nursery settings and is finding that this new arrangement provides better, more effective service to its clients.

EMERSON HOLCOMB

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New Haven, Connecticut*

(The Editor will welcome results of other agencies' experience with this problem.)

BOOK NOTES

New Directions in Social Work, edited by Cora Kasius. Harper and Brothers, N. Y. 1954. 258 pp., \$3.50.

Conceived as a way of honoring one of social work's leaders and trail blazers, the collection of papers prepared in honor of Philip Klein is noteworthy in several respects. What strikes one, first of all, about *New Directions in Social Work* is the choice of people who were asked to participate and the breadth of the topics assigned to them. Almost without exception, the writers are persons whose names are well known in social work and whose lives have been (and are) dedicated to the creation and development of broad programs of professional education and service. The inclusion of several persons whose contributions to the field are only just beginning to be recognized provides encouraging proof of the vitality of the profession.

The list of titles of the 13 papers is in itself stimulating and heart-warming. Beginning with Gordon Hamilton's account of Philip Klein's career in social work, which gives us some very personal glimpses of the dynamic quality of his professional leadership and the scope of his contribution to our field, the book moves quickly to a consideration of such subjects as: "Guiding Motives in Social Work" (Mary A. Cannon), "The Responsibilities of a Socially Oriented Profession" (Harry L. Lurie), "The People and Their Government" (Arthur J. Altmeyer), "Social Work and Social Reform" (Donald S. Howard), and "The Changing Role of Voluntary Agencies" (Lester B. Granger), to mention only a few.

The three papers which pertain primarily, or in part, to social work education are grouped toward the end of the volume: Helen R. Wright's "Social Work Education: Problems for the Future"; Alfred J. Kahn's "The Nature of Social Work Knowledge"; and "Concepts and Methods in Social Work Research," by Henry S. Maas and Martin Wolins. It is significant, at least to my mind, that the focus of all three is on a very broad plane and represents a marked advance over

the way in which these subjects would have been treated 10 years ago.

Florence Sytz's "The Folklore of Social Work," will long be remembered as one of those especially choice and somehow typical pieces of writing which lend color, humor and real perspective to the total volume.

The physical arrangement of the book is excellent and the extensive list of references included with each paper gives the book much greater stature and increases its potential usefulness for the field for some time to come.

SUE W. SPENCER

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We Adopted a Daughter, by Harry Bell. Houghton-Mifflin Company, Boston, Massachusetts, 1954. 181 pp., \$2.75.

Mr. Bell's personal account of his adventure in adoption is of particular interest to child welfare agencies, as well as to other adoptive parents and prospective adoptive parents. His somewhat negative approach to the agency relationship is challenging. We would wish, for the sake of prospective adoptive parents, he could have expressed more positive feeling about the agency and the child.

The way he describes the feeling he and his wife had about the agency is not the way social workers hope adoptive parents feel. We should ask ourselves whether this relates to a particular agency, or whether all of us may have adoptive parents who feel somewhat like this, but do not express it while our control of their destiny is as real and as threatening as the agency appeared to be to the Bells. Although Mr. Bell is interested in the worker, her experience, responsibilities, and her heavy case load, he does not seem to see her as someone allied with them in understanding Barbara, and helping them to grow together as a family. The feeling they had that the decision about their final adoption involved elaborate impersonal machinery wouldn't result in the close, confident working together in behalf of the child who is to be theirs. Certainly a worker who came to "check up," without an appointment, who reported back to someone who made the final

decision, would not seem to be with them in this adventure as adoption agency workers should be.

His account of their first meeting with Barbara revealed his feeling that the worker expressed her opinion about the fact that Barbara should be theirs, before he and his wife thought it through together. If they had felt she left this with them, Mrs. Bell would not have felt "things were happening so fast she wasn't even sure she wanted to go through with it."

Hopefully a caseworker more closely and happily related to the Bells, more aware of what was going on, could have helped them to avoid some of the difficulties that were so upsetting to them and to Barbara. Such a caseworker could have helped them to understand that a spirited two-year-old would need to take her own time in accepting change, that issues should be avoided at the beginning, so that the atmosphere of pressure and conflict that continued so long need never have been established. Perhaps if Barbara hadn't felt she was *made* to take a bath the first night willy nilly, to give up her familiar and beloved Teddy, and have her hair cut, she would not have continued to assert herself so vigorously and consistently.

Mr. Bell said he had to learn not to "expect more of her than her years allowed," and that she would count, identify colors, and put on her socks when she was ready, without pressure. If a worker had been closer during the initial adjustment, they would not have had to learn this the hard way—for them, and for Barbara.

We recognize that Mr. Bell finds it easier to express his harassment with his contentious little girl, colorfully and a bit flipantly, than the real feeling the development of which he implies.

Mr. Bell's vivid account of how the agency relationship felt to his family raises many provocative questions about agency procedures. It would be interesting if other adoptive parents would comment on this book in the light of their own experience in agency relationship.

JULIA E. HATCH

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